Values and beliefs inherent to a public health perspective.
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The learning objective for this session is to:
• Explain how a given value or belief from the list is important to public health

The public health code of ethics is a package with several components. There are the 12 ethical principles and there are also 11 values and beliefs that underlie the principles. In this module I will be providing a rationale for talking about values and beliefs before talking about ethical principles.

I will talk then about the eleven values and beliefs that are inherent to a public health perspective. And I will illustrate these points with examples from my experience in public health and with some cartoons.
Why values and beliefs?

- Values and beliefs underlie the ethical principles
- Overcoming the limitations of the code
  - Narrow professional focus
  - Vagueness in particular situations

You may only want from ethics some practical guidelines to apply to situations you wrestle with day to day. But your use of those guidelines will be enhanced if you are familiar with the next level down, the values and beliefs that underlie the guidelines.

One reason for this is that the ethical principles in the code are both narrower and more vague than we would sometimes like them to be. They are narrower because they focus on specific ethical situations of a particular profession. This can be less than we need when we are faced with a situation that is not common to our profession, or we face a situation that is not so uncommon but was simply not addressed by those who wrote the principles. When you find yourself in a place like this, you can turn to the values and beliefs underlying the code and work out with others an ethical decision that is true to the values of the profession.

The principles are vague in that they don’t tell you exactly what to do in each situation. They take you a certain distance down the road, but not all the way. Each ethical situation occurs in the context of many factors to consider. And the importance you place on each factor is not likely to be the same in every situation. Although the principles in the code of ethics provide some boundaries for ethical decisions, there will still be a need to practice discernment and discretion in the particular actions you take. Knowledge of the values and beliefs underlying the code provides you with another tool in this task.
What are values and beliefs, anyway?

When we say we value something, we are saying that we place importance in it. In the American culture, for example, there is a value placed in autonomy and freedom. That means Americans, in general, want to be able to do what they want to do, and not have to deal with many constraints. This might mean they place a low value in conformity, or doing what everyone else does.

A belief might be contrasted with a fact. It is something we hold to be true, but we might not have the evidence to prove it. Again, as an example from American culture, there is a general belief that hard work results in upward mobility, both financially and socially. There might be evidence of barriers to the upward mobility of some hard-working people, but overall American culture is unlikely to let go of the belief in the value of hard work.

You will notice that I just said “the belief in the value.” And it is true that beliefs and values overlap. For this reason I am not going to try to separate them in the list that follows. I’ll just use the terms together to talk about the dominant perspectives in public health.
People come to public health with a wide variety of motivations, values, and beliefs. The field is very diverse. It includes engineers, educators, administrators, clinicians, biostatisticians, and many others. Some are in public health jobs simply for an income, while others are in it with a zeal to pursue a cause that is close to their heart. That zeal may be fueled by a political view that is liberal or conservative; or a religious perspective that is based in Islam, Judaism, Christianity, or some other religion.

With such diversity, how can we possibly find some values and beliefs that all in public health will agree to? In the end, we probably won’t. There will always be some who find fault with one or more of the values and beliefs or ethical principles that are part of the public health code of ethics. Unanimity is infrequently achieved by human populations. I believe, however, that there is a discernible culture in public health that most practitioners recognize as belonging to the mission and history of public health. In some instances, our own values and beliefs may conflict with those of a public health perspective. That is something that each of us will have to wrestle with. But it doesn’t change the fact that there exists a definable public health perspective.

I will describe the perspective as it relates to notions of health; community; and the bases for action.
Health is a tricky thing to define. There have been a number of attempts to do so, but there are two documents that are the most often mentioned in public health contexts. In this way they represent the dominant values and beliefs regarding health in the public health community. They are the World Health Organization’s definition of health, and the statement on health in the United Nations Declaration of human rights.

The World Health Organization, which is part of the United Nations, defines health as “A state of complete physical, mental, and social well-being, and not merely an absence of disease or infirmity.”

The virtue of this definition is that it is comprehensive and sets a high goal. It achieves this, however, at the expense of specificity. This makes health virtually impossible to measure; and it provides little guidance for prioritizing programs that affect health.

Still, it is the most recognized definition of health. Perhaps we need to look at the glass as half full, embracing the assets of such a comprehensive definition.

What level of health should we expect for humans? This is the question that the authors of the Universal Declaration of Human Rights attempted to answer in the 25th article of the Declaration. This document was written right after the end of World War II, largely in response to the atrocities of that war. It states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family.”
adequate for the health and well-being of himself and his family.” If this statement were to be written today it would probably have a gender-neutral or inclusive language.

More important to note, however, is that the authors avoided stating that each person has a right to health. With their wording they acknowledge that there are circumstances out of our control that affect our health, and that individuals may make some informed choices that compromise their own health.

Instead, the authors focused on access to the resources necessary for health, which they refer to as a standard of living. By this they mean shelter, water, food, et cetera. But even here they do not seem to say that everyone should have the same resources. Their language suggests instead that there is a decent minimum of resources to which each person has a right.

Even though this statement and the WHO definition of health both come from the United Nations, the Declaration of Human Rights was written before the WHO definition of health, so we cannot infer that the authors of the Declaration had in mind the comprehensive notion of health that was later described by the WHO.
When it comes to the idea of community, there are six values and beliefs that are prominent in a public health perspective. They relate to interdependence, trust, collaboration, participation, and the fundamental requirements for a healthy community.

One of the most basic things to note about communities is that humans form them for protection and survival, and because they enjoy being with each other. We depend upon each other in times of need and we want to celebrate together in times of joy. Also, many things that I do will affect you. We could take that quite literally to say that the time I have taken to write this module may affect your understanding of ethics and the way in which you carry out your job in public health. More generally, we could talk about how one person’s smoking habit exposes others to harmful chemicals, or how one person’s infection is another person’s exposure.

It was John Donne, the English poet and clergyman who wrote “No man is an island, entire of itself; everyman is a piece of the continent.” That continent would be the human race or the local community.

This interdependence puts constraints on our choices. It calls us to think beyond our own autonomy to the effects of our actions on the greater community.
Calvin and Hobbes are most helpful to us in providing negative examples of these points. Here we see Calvin’s self-centeredness.

The comic reads:

“A lot of people don’t have principles, but I do! I’m a highly principled person! I live according to one principle and I never deviate from it.”

“What’s your principle?”

“Look out for number one.”

Our actions affect not only other people, but the natural environment in which we live; and we, in turn, depend on the quality of that environment for our health. For example, we can quite literally poison ourselves by pouring toxic chemicals into our water sources. Or we can upset the ecology in a way that threatens the crops we grow for food.

Here again, the way we are linked to everything else in our environment constrains our choices. When it comes to making decisions about programs to protect or improve the health of the public, an awareness of our interdependence with the environment will cause us to take a long view, and to consider how years of the program will affect the natural environment and thus the health of future generations.
The negative example of interdependence with people and the environment brought to you by Calvin and Hobbes reads like this:

“Look at this! Some idiot dumped trash out here! People seem to forget that others of us have to live on this planet too. You know, I don’t understand why humans evolved as such thoughtless shortsighted creatures.”

“Well it can’t stay that way forever”

“You think we’ll get smarter?”

“That’s one of the two possibilities.”

“Maybe we’ll stop polluting before it’s too late.”

“We’re all holding our breath.”

In this last comment, Hobbes is speaking for all of nature.

Still another form of dependence is trust. Public health agencies depend heavily on the public’s trust in order to implement their programs. When there is a breakdown in trust, individuals will avoid the services that are provided or even work actively against them. Trust can be eroded in many ways: by divulging confidential information; by not keeping promises; by acting secretly; and more.

Building and maintaining trust is hard work that never ends. The means of achieving trust include: good communication; telling the truth; admitting mistakes when they are
made; being transparent and accountable; being reliable; doing good work; and the list goes on.

Although building trust is hard work, there really is no other effective way to work with a community.

Several years ago I was visiting Macon County Alabama where the Tuskegee syphilis study was conducted. This was a study that ran from the early 1930’s to 1972. It was a study of the natural course of syphilis infection in a group of infected black men conducted by the United States Public Health Service. It entailed withholding penicillin from the men, a treatment that was widely known to be effective in curing syphilis. The study was eventually seen as unethical and was stopped. But great damage had been done to the credibility of the public health service. Researchers have found that the study is widely known among African-Americans and causes many of them to distrust studies conducted by health researchers.

I asked an African-American resident of the county if the infamous study had increased any distrust of the local health department that county residents had. She said, “No, that came on the boat.” By that, she meant that the distrustfulness of the Blacks from the slave ships, and that the syphilis study only confirmed suspicions they already had. This is indeed sad news for public health. It is a legacy that can be undone only over generations of time, requiring constant work and vigilance.
Not only do we need to earn the trust of the public, but agencies need to earn the trust of other agencies. Protecting the health of the public is a huge task that requires many agencies to work together. Agencies that achieve a part of public health are city and county governments, health departments, community-based organizations, hospitals, police, schools, and private companies. More often than not, two or more of these agencies need to cooperate to achieve a public health goal. Thus collaboration is a key element of public health.

I am currently conducting a study that measures the kinds of cooperation, or the lack of cooperation, among the various agencies that have anything to do with the prevention of HIV infection in twelve counties. The agencies include health departments, community clinics, churches, jails, and more. We are collecting the data now, so I don’t have any results to report to you. But I can say that in the two counties I’ve studied so far, there are great differences. In one county the services are in close communication with each other, in the other county, many of the agencies don’t know what the others are doing; and in some cases don’t even know the others exist. You can well imagine which county is doing a better job of preventing HIV transmission.
Public health programs often affect an entire population, or at least a large number of people. Those people need to have some say in whether and how some programs will be carried out. The ways that community members can shape public policy include responding to polls, speaking out at public meetings, voting on a proposal; voting on a person who will represent a group of people; and serving on an advisory board. Some of these options are democratic in the purest sense of the word, and others are more representative. But they all provide a means for a population to participate in a decision-making process. The method used will depend on the nature of the decision.

This is a sign in a town in North Carolina that solicits ideas from the community members about how a piece of property in the city center should be developed. The sign invites people to a public discussion.
The last aspect of a public health perspective on community that I will mention is that the health of a community is shaped most importantly by its fundamental social structures. These include factors like economic forces, race relations, and city planning. The primary concern of public health is with these underlying structural aspects. While some important public health programs like STD treatment are not structural, the field as a whole must never lose sight of underlying causes and prevention. Because fundamental social structures affect many aspects of health, addressing the fundamental causes rather than the health outcomes or more proximal causes, is more truly preventive.

I've listed values and beliefs of a public health perspective on two topics central to public health: health and community. I suppose it is obvious that these two topics are central to public health; community is closely related to the idea of public, and the connection to health is self-evident. A third important element of public health is its inclination towards action. It is part of the nature of public health that when something threatening the health of the public is identified, one or more public health institutions will actively engage in trying to protect the health of the community.

But there have to be sound reasons for action. I will mention four values and beliefs related to the bases for action. They include the power of knowledge, use of the scientific method, a responsibility for what we know, and
situations when action is not based solely on information, but also on principles.

Knowledge is powerful because it can show us what actions are required. And because of that, when we don’t know what to do, we need to seek that knowledge through research. This quest for knowledge is not only a big part of schools of public health and other institutions like the National Institutes of Health; local health departments are also compelled to collect information that can guide their actions.

For example, when I was working as an epidemiologist for the Los Angeles County Health Department there was an outbreak of aseptic meningitis among football players in one of the high schools. We conducted a survey among the high school students, talked with the athletes and coaches, and observed the football practice. We found that the football players were sharing water bottles during practice, which could facilitate transmission of the virus causing the infection. We recommended the use of a large cooler and paper cups to avoid the transmission. This is an example of a local health department that sought the knowledge it needed to prevent illness in the community it served.

Some of the information gathered for public health must be shared with the public. I mentioned earlier that members of the community need to be able to participate in the decision-making processes affecting public
health policies and programs. To do this in an informed way, the public needs access to relevant information.

Yet there is some information that, if made public, could bring harm to an individual. For example, if it is made public that a particular person is infected with HIV, that person could find it harder to get a job or affordable health insurance. So it is the responsibility of public health agencies to keep some information confidential.

Should we be talking about the importance of knowledge, or the impotence of knowledge compared to other powerful forces?

When I was taking part in the process of writing the public health code of ethics, I shared with a colleague of mine at the University of North Carolina a draft list of the values and beliefs inherent to a public health perspective. When he got to the part that talked about the power of knowledge, he said it’s not knowledge that is powerful, it’s money.

There is a lot of truth in this statement. Large sums of money can make things happen to protect the health of the public, and they can lead to major threats to the health of the public. But we need to be clear about what we are claiming when we say that knowledge is powerful. We are not saying that it is the only powerful force we contend with, or the most powerful one. We are saying that rationality is an important part of public health and that scientific information is a key element of that
Sometimes those rational ideas are not enough to countermand a strong economic force, or the economic interests of a large company or industry. But as fate would have it, knowledge rather than money is the primary tool of public health.

Science is a methodological means of eliminating alternatives on the basis of evidence to narrow in on the most likely answers or reasons. As a basis for action, it stands in contrast to guesses, impulses, superstitions, or motives such as the accumulation of wealth or power.

A negative example of the value of scientific reasoning from Calvin and Hobbes reads as follows:

“Dad, what causes wind?”

“Trees sneezing.”

“Really?”

“No, but the truth is more complicated.”

“The trees are really sneezing today.”

Calvin is content with the unscientific explanation, but we all know that if we based a public health program on the notion of sneezing trees, we’d end up with a similarly ridiculous and ineffective program, like huge surgical masks on the trees.
There is a strong tradition of the use of science in public health. Epidemiology, in combination with biostatistics, is generally considered the core science of public health. One of my earliest lessons in epidemiology was hearing how John Snow used an epidemiologic analysis of morbidity and mortality data to identify the causes of a cholera epidemic in London in 1850.

Epidemiologic approaches are generally quantitative, which means they are based on quantified measures of diseases and exposures. But scientific research in public health is not limited to epidemiology, and it includes non-quantitative methods. I am an epidemiologist, but I often combine quantitative and qualitative methods in my research. When I was studying risk factors for diarrheal disease in Kenya, for example, I conducted a standardized survey of several hundred households. That was the quantitative part. In addition to that, my research assistants and I observed the daily patterns of life in a smaller number of households. This part of the study was qualitative. The observations gave us a depth of familiarity with the local situation that the quantitative study could not give us. It helped us to interpret the survey data and to come up with ideas for interventions.

Both quantitative and qualitative scientific methods are needed to reveal underlying causes of disease outcomes and to evaluate programs that aim to prevent disease.
One of the most basic principles in ethics is a responsibility to act on the basis of what we know. We are seldom held responsible for what we don’t know. But often when we know of something, like a high incidence of a disease in a particular group of people, we have a moral responsibility to act on that knowledge. Even inaction in those situations is considered a choice with moral overtones. In some situations the required action will be research to supplement the knowledge we have; that is to fill in the gaps in our knowledge. But research in public health should not be done for idle interest because of the responsibility to act that pervades public health.

We can highlight the connection between knowledge and responsibility with an example of Calvin avoiding responsibility by avoiding knowledge. We might also note that he also avoids participation, another public health value that we have noted.

The comic reads:

“When I grow up, I’m not going to read the newspaper and I’m not going to follow complex issues and I’m not going to vote. That way I can complain that the government doesn’t represent me. Then when everything goes down the tubes, I can say the system doesn’t work and justify my further lack of participation.”

“An ingeniously self-fulfilling plan.”

“It’s a lot more fun to blame things than to fix them.”
There are some instances in which we feel we don’t have enough information, or in which a utilitarian analysis points in the wrong direction. It may argue against action when other principles tell us we must act. Policies can be demanded by the fundamental value and dignity of each human being, even if implementing them is not calculated to be optimally efficient or cost-beneficial. For example, it may be expensive to extend services to a particular group in a population, but not extending those services may lead to an unacceptable number of deaths, illnesses, or injuries in that group.

Here again we find that money does not have the final say. We certainly need to take the costs of programs into account. But we must also remember that the right things to do are not always the least expensive ones. In fact, doing the right thing is often expensive.

These 11 values and beliefs are inherent to a public health perspective and they form the foundation for the principles in the public health code of ethics. When struggling with the application of the code in a particular situation, it may be helpful to read it in the context of the underlying values and beliefs because they may offer you some insight to the intent behind the code.
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Suggested Reading


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Follow Up Questions

1. What are your personal values and beliefs?

   Write some of them in sentence form and consider how they help you when you are making difficult decisions.

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Follow Up Questions, continued

2. The second ethical principle in the Code states: “Public health should achieve community health in a way that respects the rights of individuals in the community.” This principle acknowledges the tension between the good of the community and the rights of individuals. In this principle, achieving the good of the community is the starting point in public health. This tension is one of the most frequent causes of ethical dilemmas in public health, but this ethical principle does not resolve it. At times, it will help to refer to the public health values and beliefs for extra help in making a decision within such a tension.

   Consider the example of motorcycle helmet laws. Some states require helmets, while others don’t. Some people who ride motorcycles want to feel the wind in their hair and don’t want the government breathing down their neck, telling them to wear a helmet. Yet when a motorcyclist is injured, the medical costs are borne broadly by people who pay health insurance premiums. More serious injuries translate into higher health insurance costs borne by society.

   If you had a part in helping your state decide whether to require motorcycle helmets, to what values and beliefs of public health might you appeal to help you in this decision?
References

